



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ORTHOPAEDIC CENTER OF MESQUITE
1106 NORTH GALLOWAY
MESQUITE TEXAS 75149

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

DALLAS ISD

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-08-2666-01

MFDR Date Received

January 2, 2008

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the table of disputed services: "Carrier initially [sic] denied stating 'Incorrect CPT/HCPC code for this service/procedure.' I called to speak to a [sic] audit representative and like always was given a voicemail. Left a message for x221, Derraniqué Doyal, on 11/21 @ approx. 4:30PM and like always my call was never returned. I appealed by changing CPT code as directed the only other code to use of 99456 which is actually reserved for Designated Doctor Appointments. My appeal was denied stating 'a reconsideration is to include the same billing codes...'??? Since I can't get anyone to return my phone call, very unprofessional, I am not wasting any more time leaving messages or appealing when we the provider billed a clean claim HCFA timely!"

Amount in Dispute: \$100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Dr. Teig initially billed procedure code 99455V3WP for \$100.00. Per DWC rule 134.202, procedure code 99455V3WP is to be utilized by the treating doctor for MMI/IR. However, Dr. Teig is not the treating doctor as evidenced by the information under Part II of the DWC form 69. *See enclosure.* Therefore, the bill was correctly denied. On reconsideration, Dr. Teig billed procedure code 99455WP [sic] for \$350.00. Even though he corrected the procedure code he also changed the billed amount. Changing the billed amount from the initial bill submission is in violation of DWC rule 133.205 (d) (1) [sic]. Therefore, enclosed are copies of both explanations of benefits."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 12, 2007	99455-V3-WP	\$100.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §133.250 sets out the reconsideration process of a medical bill.
4. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 13, 2007

- W1R – Workers compensation state fee schedule adjustment
- * Incorrect CPT/HCPC code for this service/procedure

Explanation of benefits dated December 12, 2007

- W4A – No additional reimbursement allowed after review of appeal/reconsideration
- * Rule 133.205 (d) (1) requires a reconsideration to include the same billing codes, dates of service, and dollar amounts as the original bill. (Before 05/02/06 rule 133.304(k))

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."
 - The requestor submitted a bill for date of service October 12, 2007, to the insurance carrier on October 27, 2007 with billing code 99455-V3-WP for the amount of \$100.00.
 - The insurance carrier audited the initial bill on November 13, 2007 and denied the charge with denial reason "W1R – Workers Compensation State Fee schedule Adjustment * Incorrect CPT/HCPC code for this service/procedure."
2. Per 28 Texas Administrative Code §133.20 "(g) Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier."
 - The requestor submitted a new bill to the insurance carrier on November 26, 2007 correcting the bill to reflect the new CPT of 99456-WP and the new billed amount of \$350.00.
 - The insurance carrier audited the corrected bill on December 12, 2007 and denied the charge with denial reason "W4A – No additional reimbursement allowed after review of appeal/reconsideration. *Rule 133.205 (d) (1) requires a reconsideration to include the same billing codes, dates of service, and dollar amounts as the original bill. (Before 05/02/06 rule 133.304 (k))."
3. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
 - Review of the submitted information finds documentation to support that a medical bill was submitted within 95 days from the date the services were provided.
4. Per 28 Texas Administrative Code §133.250 "(d) The request for reconsideration shall: (1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill; (2) include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier; (3) include any necessary and related documentation not submitted with the original medical bill to support the health care provider's position; and (4) include a bill-specific, substantive explanation in accordance with §133.3 of this title (relating to Communication Between Health Care Providers and Insurance Carriers) that provides a rational basis to modify the previous denial or payment."

- Review of the submitted documentation finds that the requestor's documentation does not include copies of a request for reconsideration of the initial bill.
 - Review of the submitted documentation finds that although the requestor submitted a corrected bill (new bill) within the 95-day filing requirement, documentation to support that a reconsideration request was submitted to the insurance carrier was not included in the dispute.
 - The requestor did not submit documentation to support that a reconsideration request was completed of the initial bill and the corrected bill. The requestor has therefore not met the reconsideration requirements of 28 Texas Administrative Code §133.250.
5. Per 28 Texas Administrative Code §133.307 "(e) MDR Action. The Division will review the completed request and response to determine appropriate MDR action. (2) Issues Raised by the Division. The Division may raise issues in the MDR process when it determines such an action to be appropriate to administer the dispute process consistent with the provisions of the Labor Code and Division rules. (3) Dismissal. The Division may dismiss a request for medical fee dispute resolution if: (C) the Division determines that the medical bills in the dispute have not been submitted to the carrier for reconsideration;"
- The requestor has not submitted sufficient documentation to support that reconsideration of the initial bill and/or the reconsideration bill was completed prior to the filing of the Medical Fee Dispute Resolution request.
 - For the reasons, stated above, the requestor is not entitled to reimbursement of the disputed charges.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May 14, 2013 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.